



City of Los Altos

Planning Division

(650) 947-2750

Planning@losaltosca.gov

APPLICATION FOR ZONING APPROVAL

(All information must be provided for your application to be processed)

PROCESSING FEE: \$100.00
(Non-refundable)

Date of Application: _____ Business Starting Date: _____

Date Premises Occupied: _____

Name of Business: _____

Type of Business: _____

Address of Business: _____ Suite Number _____

Square Footage to be Occupied: _____ Floor of Building: ____ First ____ Second ____ Third

For Restaurants Only – Number of Seats: _____

Business Mailing Address: _____

Name of Business Owner/Principal: _____

Home Address of Business Owner/Principal: _____

Business Phone Number: _____ Business Owner's Home Phone: _____

Name of Property Owner
or Management Co.: _____

Address of Property Owner
or Management Co.: _____

Premises Previously
or Currently Occupied By: _____ Previous Business
or Current Type: _____

Alternative Emergency Contacts _____
(Name) (Phone)

(Name) (Phone)

I HEREBY AFFIRM THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

Date Signature

CITY USE ONLY

Zoning District _____ APN: _____ Approved or Denied

Signature of Planner _____ Date _____